

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

BLUE CROSS VOICE

ADDRESS (number and street)

19 NORTH MAIN STREET

☐Check if different
than previously
reported. (ACC)

WILKES BARRE

PA

18711

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00379537

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kimberly Kockler

Signature of Treasurer

Electronically Filed by Kimberly Kockler

Date

07

28

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 31

Write or Type Committee Name
BLUE CROSS VOICE

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	17399.53
(b) Cash on Hand at Beginning of Reporting Period	17399.53	
(c) Total Receipts (from Line 19)	16971.50	16971.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34371.03	34371.03
7. Total Disbursements (from Line 31)	24585.25	24585.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9785.78	9785.78
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 31

Write or Type Committee Name
BLUE CROSS VOICE

Report Covering the Period:

From:

M M D D Y Y W Y
0 1 0 1 2 0 0 9

To:

M M D D Y Y W Y
0 6 0 3 0 2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10407.50	10407.50
(ii) Unitemized	6564.00	6564.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16971.50	16971.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16971.50	16971.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16971.50	16971.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16971.50	16971.50

DETAILED SUMMARY PAGE

of Disbursements

4 / 31

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	105.25	105.25
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	105.25	105.25
22. Transfers to Affiliated/Other Party Committees.....	3500.00	3500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	200.00	200.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	20780.00	20780.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24585.25	24585.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24480.00	24480.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 31

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16971.50	16971.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16971.50	16971.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)

Denise S Cesare

Mailing Address 308 Glenmaura Drive

City

Moosic

State

PA

Zip Code

18507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of NEPA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4419

Amount of Each Receipt this Period

1755.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Comerford

Mailing Address 1709 Clarion Drive

City

Williamsport

State

PA

Zip Code

17701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Northeastern
PA

Occupation

Director - Regional Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4433

Amount of Each Receipt this Period

325.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Stacey Crock-Uzupis

Mailing Address 415 Exeter Avenue

City

West Pittston

State

PA

Zip Code

18643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Northeastern
PA

Occupation

Director - Regional Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4437

Amount of Each Receipt this Period

260.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)

John Dante

Mailing Address 514 Robins Way

City

Mountain Top

State

PA

Zip Code

18707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Northeastern
PA

Occupation
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4454

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Michelle Davidson

Mailing Address 57 Davis Place

City

Wilkes-Barre

State

PA

Zip Code

18702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Northeastern
PA

Occupation
Sr. Director Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.4656

Amount of Each Receipt this Period

300.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mark DeStefano

Mailing Address 14 Tiffany Drive

City

Scranton

State

PA

Zip Code

18505

FEC ID number of contributing
federal political committee.

C

Name of Employer
AllOne Health Group

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4425

Amount of Each Receipt this Period

620.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)

Edward Fennell

Mailing Address 250 Deer Run Drive

City

Mountain Top

State

PA

Zip Code

18707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Northeastern
PA

Occupation

VP, Member Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4431

Amount of Each Receipt this Period

390.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Suzanne Fletcher

Mailing Address 301 Countrywood Drive

City

Hanover Township

State

PA

Zip Code

18706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of NEPA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4426

Amount of Each Receipt this Period

520.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Nancy Guerro

Mailing Address 4025 Brandeis Avenue

City

Bethlehem

State

PA

Zip Code

18020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Northeastern
PA

Occupation

Sr. Dir. Claims Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4439

Amount of Each Receipt this Period

260.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)

Leo Hartz

Mailing Address 218 Hillside Two

City

Dallas

State

PA

Zip Code

18612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Northeastern
PA

Occupation

VP, Clinical Advocacy & CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4441

Amount of Each Receipt this Period

260.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Kimberly Kockler

Mailing Address 953 Sunnyhill Lane

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of NEPA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4421

Amount of Each Receipt this Period

650.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Daelene Long

Mailing Address 317 Nevel Hollow Road

City

Hunlock Creek

State

PA

Zip Code

18621

FEC ID number of contributing
federal political committee.

C

Name of Employer
AllOne Health Group

Occupation

Clinical Operations, Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4429

Amount of Each Receipt this Period

455.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)

Gertrude McGowan

Mailing Address 37 Lombardo Drive

City

Wilkes-Barre

State

PA

Zip Code

18702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Northeastern
PA

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4435

Amount of Each Receipt this Period

325.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Matthew O'Donnell

Mailing Address 301 Chestnut Street
Apt. 1209

City

Harrisburg

State

PA

Zip Code

17101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Northeastern
PA

Occupation

Manager, Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4456

Amount of Each Receipt this Period

227.50

Contribution

C.

Full Name (Last, First, Middle Initial)

William Reed

Mailing Address 14 Kepling Drive

City

Moosic

State

PA

Zip Code

18507

FEC ID number of contributing
federal political committee.

C

Name of Employer
AllOne Health Group

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4422

Amount of Each Receipt this Period

650.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1202.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)
Brian Rinker

Mailing Address 9 Pearl Street

City State Zip Code
Forty Fort PA 18704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of NEPA

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4427

Amount of Each Receipt this Period

520.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Patricia Savitsky

Mailing Address 594 Newport Street

City State Zip Code
Wanamie PA 18634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of NEPA

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4428

Amount of Each Receipt this Period

520.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Stuart Segal

Mailing Address 31 Levering Circle

City State Zip Code
Bala Cynwyd PA 19004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allone Health Group

Occupation
Sr. VP - Integrated Health Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4451

Amount of Each Receipt this Period

260.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)

Bruce Sickel

Mailing Address 75 Lantern Hill Road

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Northeastern
PA

Occupation

VP Investment Services & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4447

Amount of Each Receipt this Period

260.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John K. Suchoski

Mailing Address 1770 Laurel Run Road

City

Wilkes-Barre

State

PA

Zip Code

18702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of NEPA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.4420

Amount of Each Receipt this Period

924.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Gerald Walsh

Mailing Address 1622 Adams Avenue

City

Dunmore

State

PA

Zip Code

18509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of Northeastern
PA

Occupation

VP, Provider Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4449

Amount of Each Receipt this Period

260.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1444.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)

Michael Yantis

Mailing Address 6019 Willow Spring Road

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross of NEPA

Occupation

Director, Policy Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4430

Amount of Each Receipt this Period

416.00

Contribution

SUBTOTAL of Receipts This Page (optional)

416.00

TOTAL This Period (last page this line number only)

10407.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 31

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)
BLUE PAC

Mailing Address PO BOX 34676

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
Transfer to affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.4723

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
BLUE PAC

Mailing Address PO BOX 34676

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
Transfer to affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.4724

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

3500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)
CARNEY FOR CONGRESS

Mailing Address P.O. Box A

City State Zip Code
Clarks Summit PA 18411

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4719

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 31

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)
 Baker for Senate Committee

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB29.4692

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
 Citizens for Browne

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
 State: PA District:

Transaction ID: SB29.4699

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 Citizens for Yudichak

Mailing Address 116 Thomas Street

City Larksville State PA Zip Code 18704

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB29.4680

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

A. Full Name (Last, First, Middle Initial) Committee to Elect Eddie Day Pashinski	Transaction ID: SB29.4687 Date of Disbursement																				
Mailing Address 131 Meadowcrest Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	9												
City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">260.00</td> </tr> </table>	260.00																			
260.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type																				
B. Full Name (Last, First, Middle Initial) Committee to Elect Eddie Day Pashinski	Transaction ID: SB29.4705 Date of Disbursement																				
Mailing Address 131 Meadowcrest Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type																				
C. Full Name (Last, First, Middle Initial) Committee to Elect Ken Smith	Transaction ID: SB29.4702 Date of Disbursement																				
Mailing Address P.O. Box 4122	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	0	9												
City Scranton State PA Zip Code 18505	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

760.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 31

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 BLUE CROSS VOICE

A. Full Name (Last, First, Middle Initial)
 Committee to Re-Elect Mario Scavello

Mailing Address 430 Franklin Church Road

City Dillsburg State PA Zip Code 17019

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: PA District:

Transaction ID: SB29.4708

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

B. Full Name (Last, First, Middle Initial)
 Committee to Re-Elect Sandra J. Major

Mailing Address P.O. Box 363

City Montrose State PA Zip Code 18801

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB29.4707

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
 Committee to Re-Elect Senator Mike Stack

Mailing Address 15 Truman Street

City Palmyra State PA Zip Code 17078

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB29.4709

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 31

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)
 Committe to Elect Tim Solobay

Mailing Address 107 Hawthorne Street

City State Zip Code
 Canonsburg PA 15317

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: PA District:

Transaction ID: SB29.4675

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 DeLuca for Legislator Committee

Mailing Address 1438 Homestead Road

City State Zip Code
 Verona PA 15147

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB29.4689

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 Earll for Senate Committee

Mailing Address P.O. Box 792

City State Zip Code
 Harrisburg PA 17108

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: PA District:

Transaction ID: SB29.4716

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)
Friends of Bob Mellow

Mailing Address P.O. Box 10174

City Harrisburg State PA Zip Code 17105

Purpose of Disbursement
Non-Federal Campaign Contribution
Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: PA District: Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4666

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Friends of Bob Mellow

Mailing Address P.O. Box 10174

City Harrisburg State PA Zip Code 17105

Purpose of Disbursement
Non-Federal Campaign Contribution
Candidate Name
Friends of Bob Mellow

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: PA District: Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4711

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

420.00

C.

Full Name (Last, First, Middle Initial)
Friends of Dominic Pileggi

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17018

Purpose of Disbursement
Non-Federal Campaign Contribution
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4670

Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2420.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

A. Full Name (Last, First, Middle Initial) Friends of Doug Reichley	Transaction ID: SB29.4667 Date of Disbursement																				
Mailing Address 10024 Weis Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	0	9												
City Breinegsville State PA Zip Code 18031	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends of Gene Yaw	Transaction ID: SB29.4669 Date of Disbursement																				
Mailing Address P.O. Box 3246	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	0	9												
City Williamsport State PA Zip Code 17701	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Friends of Gene Yaw	Transaction ID: SB29.4704 Date of Disbursement																				
Mailing Address P.O. Box 3246	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	0	9												
City Williamsport State PA Zip Code 17701	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

A. Full Name (Last, First, Middle Initial) Friends of Jake Corman	Transaction ID: SB29.4660 Date of Disbursement																				
Mailing Address 742 South 80th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Harrisburg State PA Zip Code 17111	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends of Joe Scarnati	Transaction ID: SB29.4658 Date of Disbursement																				
Mailing Address P.O. Box 792	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	0	9												
City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Friends of John Gordner	Transaction ID: SB29.4673 Date of Disbursement																				
Mailing Address P.O. Box 792	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	0	9												
City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 31

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 BLUE CROSS VOICE

A. Full Name (Last, First, Middle Initial) Friends of Kim Ward	Transaction ID: SB29.4674
Mailing Address P.O. Box 792	Date of Disbursement
City Harrisburg State PA Zip Code 17108	<div> <div>MM / DD / YY</div> <div>02 / 10 / 2009</div> </div>
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: PA District:	<div> <div></div> <div>500.00</div> </div>
B. Full Name (Last, First, Middle Initial) Friends of Matt Smith	Transaction ID: SB29.4682
Mailing Address 2 Gateway Cetner 8th Floor	Date of Disbursement
City Pittsburgh State PA Zip Code 15222	<div> <div>MM / DD / YY</div> <div>03 / 10 / 2009</div> </div>
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: PA District:	<div> <div></div> <div>300.00</div> </div>
C. Full Name (Last, First, Middle Initial) Friends of Mike Carroll	Transaction ID: SB29.4694
Mailing Address 33 Old Boston Road	Date of Disbursement
City Pittston State PA Zip Code 18640	<div> <div>MM / DD / YY</div> <div>03 / 31 / 2009</div> </div>
Purpose of Disbursement Non-Federal Campaign Contribution Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: District:	<div> <div></div> <div>250.00</div> </div>

SUBTOTAL of Disbursements This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

250.00

250.00

500.00

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 31

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)
 Friends of Nick Micozzie

Mailing Address P.O. Box 234

City State Zip Code
 Clifton Heights PA 19018

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB29.4697

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
 Friends of Rob Wonderling for State Senate

Mailing Address P.O. Box 1032

City State Zip Code
 Lansdale PA 19446

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB29.4661

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 Friends of Senator Don White

Mailing Address P.O. Box 792

City State Zip Code
 Harrisburg PA 17108

Purpose of Disbursement
 Non-Federal Campaign Contribution
 Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB29.4693

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

500.00

500.00

500.00

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)
HRCC

Mailing Address P.O. Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Non-Federal Campaign Contribution
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB29.4668

Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
HRCC

Mailing Address P.O. Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Non-Federal Campaign Contribution
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB29.4710

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Kathy Manderino for State Representative Committee

Mailing Address P.O. Box 26048

City Philadelphia State PA Zip Code 19128

Purpose of Disbursement
Non-Federal Campaign Contribution
Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
State: PA District:

Transaction ID: SB29.4677

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

275.00

SUBTOTAL of Disbursements This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

State: PA District:

04 / 15 / 2009

State: PA District:

State: District:

850.00

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

A. Full Name (Last, First, Middle Initial)
People for Matt Baker Committee

Mailing Address P.O. Box 602

City Wellsboro State PA Zip Code 16901

Purpose of Disbursement
Non-Federal Campaign Contribution
Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
State: PA District: ☐ Other (specify) ▼

Transaction ID: SB29.4688

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Senate Republican Campaign Committee

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Non-Federal Campaign Contribution
Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
State: PA District: ☐ Other (specify) ▼

Transaction ID: SB29.4659

Date of Disbursement

01 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Senate Republican Campaign Committee

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Non-Federal Campaign Contribution
Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
State: PA District: ☐ Other (specify) ▼

Transaction ID: SB29.4713

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE CROSS VOICE

A.

Full Name (Last, First, Middle Initial)
Volunteers for David Argall

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Non-Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: PA

District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4662

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

20105.00

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 31 / 31

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

BLUE CROSS VOICE

A. Full Name (Last, First, Middle Initial)

BLUE CROSS VOICE

Mailing Address

19 NORTH MAIN STREET

City

State

Zip Code

WILKES BARRE

PA

18711

Purpose of Disbursement:

Re-order of checks

Category/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

105.25

Activity or Event Identifier:

Administrative

Date

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: H4.4726

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

105.25

105.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

105.25

105.25

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

0.00

105.25

105.25